

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 903-05		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Primary Care Association 903 W. Northern Lights Blvd., Suite 200, Anchorage, AK 99503					
4. Employer Identification Number 90-0154822		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 3/1/2005		To: (Month, Day, Year) 3/1/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006	
				To: (Month, Day, Year) 12/31/2006	
10. Transactions:				I Previously Reported	II This Period
					III Cumulative
a. Total outlays				65,413.00	84,013.00
b. Recipient share of outlays					0.00
c. Federal share of outlays				65,413.00	84,013.00
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)					84,013.00
h. Total Federal funds authorized for this funding period					115,000.00
i. Unobligated balance of Federal funds(Line h minus line g)					30,987.00
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Bruce Hilton, Accountant				Telephone (Area code, number and extension) 907-929-2725	
Signature of Authorized Certifying Official 				Date Report Submitted January 14, 2007	

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

ACCEPTED
ENTERED